# Qualifications Bursary Application Form

|  |  |
| --- | --- |
| **Name:** |  |
| **Associate / Full Member (delete as appropriate)** | **Membership Number:** |  |
| **Job Title:** |  | **Organisation:** |  |
| **Address:** |  |
| **Tel:** |  | **Email:** |  |
|  |
| **1. Briefly outline of the aims and activities of the organisations(s) you work for:** |
|   |
| **2. Briefly outline of your fundraising role and responsibilities:** |
|  |
| **3. Are you the sole fundraiser for your organisation or do you work as part of a team?****If part of a team, how many people are there in your fundraising department?**  |
|  |
| **4. Which qualification are you planning to take? Please include the start date\* of the qualification (DDMMYY).**  |
| **5. Why do want to achieve this qualification?** |
|  |
| **6. How do you feel this training will benefit the organisation you work for and your career development?** |
|  |
| **7. In the last financial year, what was your organisation’s** |
| Total Income:Of which, Voluntary (non-statutory) Income:Total Expenditure: Of which, Expenditure on Charitable Activities:Unrestricted Reserves: | £££££ |
| **8. Which qualification course do you plan to take?** |
| **Dates:** |  |
| **9. What is the cost of the qualification?** |
| Qualification course fee:Other costs: (please specify below) | ££ |
|  |
| **10. Have any funds been secured towards the qualification so far and if so, where from?**  |
|  |
| **11. If you work for an Agency or a Charity with a voluntary income of over £2 million, how much funding will your organisation be providing towards the costs?** |
|  |
| **12. Any further information you would like to add** |
|  |

 I confirm that I am employed as a full-time fundraising professional at a non-profit organisation or spend at least fifty percent of my time fundraising for my non-profit employer. I have reviewed the course handbook and understand the eligibility requirements and time commitment. I understand that only one individual from my organisation can be selected.

Signed by the Applicant’s Line Manager:

Name:

Job Title:

Signed by the Applicant:

Date of application:

*Please send the signed form to the our professional development team via email to:**academy@ciof.org.uk*